

# △ NEWSLETTER △

D I V I S I O N   O F   C L I N I C A L   A N D   A B N O R M A L   P S Y C H O L O G Y

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Editors: O. Hobart Mowrer  
Ann Magaret

## CALL FOR NOMINATIONS

Was it de Toqueville who said, - a people gets the kind of government it deserves? Whoever it was, Division 12 is the exception. You are getting much better government, - officers - than you deserve. The fact is, you are not interested in your Division government. The statistical record is: just about one member in five returned his ballot in the election of officers last Spring. This was an improvement (?) on 1951, when the return was one in six. But that again compares with about one in five in 1950. Your Nominations Committees, however, don't seem to know when they are licked. So here we go again. We hate to be scolds, but blandishments have not worked. In addition, the Committee this year is being practical. It is attaching an envelope, stamped and addressed, to this Newsletter. We can hardly make things more convenient for you, short of doing the nominating itself. But the Committee still believes that you prefer to retain that right.

So please, your nominations, - now. For President-elect; for member-at-large of the Executive Committee; and for Divisional Representatives.

Henry S. Curtis  
E. D. Hinckley  
James G. Miller

Ann Magaret  
S. J. Beck, Chairman

This year the officers to be nominated are: President-Elect, two Divisional Representatives and one Member-at-Large of the Executive Committee. You will find the NOMINATING BALLOT FOR DIVISION MEMBERS on Page 7 of this Newsletter. The Nominations Ballot must be in the Secretary's Office by March 15th. Following are the descriptions of the qualifications and duties of these officers:

### DIVISIONAL OFFICERS

#### President and President-Elect

By-Law Provisions: "The President-Elect must be a Fellow. He is a member of the Executive Committee, serves as Chairman of the Program Committee and performs the usual duties of vice-president. He succeeds to the Presidency after one year. The Divisional President presides at all meetings, is Chairman of the Executive Committee and performs all other

usual duties of a presiding officer."

#### Statement

President-Elect: High professional, administrative, and leadership qualities; recognized status in the clinical field; wide acquaintance of and by colleagues. Upon election main attention to program: after reviewing the past history and development of the Division, makes plans for carrying on and directing change and growth.

Is prepared to devote two full weeks to the work of the Program Committee - planning, preparing, and publishing the call for papers, planning and initiating some symposia; answering correspondence about the program material; reviewing proposals and abstracts which are submitted; submitting final program to APA program committee; some work on room arrangements; informing every contributor of the decision regarding his proposal or abstract; checking up at the APA conference to make sure that the program is running smoothly.

President: Policy and planning activities; provide leadership by keeping aware of problems and trends in the field and taking appropriate action.

Executive activities: corresponding with 50 - 100 prospective committee members asking them to accept committee appointments; correspondence with committees in regard to matters referred to them; correspondence with Divisional Secretary on Divisional business; correspondence with APA regarding general problems; answering correspondence from Divisional members and others; preparation of items for the Newsletter; correspondence and conference with new Divisional Program Committee; an all-day mid-year meeting with the Executive Committee; one or two all-day meetings with the Executive Committee at the APA Annual Meeting; the writing and presentation of a presidential address.

#### DIVISIONAL REPRESENTATIVES

By-Law Provisions: "The Divisional Representatives are members of the Executive Committee of the Division and of the Council of Representatives of the APA. The Council of Representatives is the elective legislative body of the Association and its duties are defined in Article III of the APA by-laws."

#### Statement

Division Representative: (1) Full participation in activities of the Executive Committee of the Division, (2) thinking both independently and with the Executive Committee on the problem of what kinds of committees the Division needs, (3) using imagination and judgment in helping the Executive Committee arrive at decisions regarding the composition of these committees, (4) maintaining a constant awareness of trends, developments and problems not only in the clinical field but for psychology as a whole by careful perusal of the Division Newsletter, THE AMERICAN PSYCHOLOGIST and other journals, documents and communications, so that one's vote as a member of the Executive Committee controlling the affairs of the Division is a considered and responsible one, (5) more important than anything else is the responsibility of being a member of the Council of Representatives. This is the basic legal body of the APA. There is an obligation to represent the Division even when not instructed in matters in the general clinical area. Participation is the essential business of furthering the welfare of the Association and profession it represents on all matters undertaken by the Council. This involves attendance at the Council meetings, careful reading of advance material, reflection on the implications of proposed actions, participation in the discussion of issues when indicated, and in general assumption of all the responsibility implied at having been elected one of the legislators of the American Psychological Association.

Member-at-Large of the Executive Committee

By-Law provisions: "Two members-at-large serve on the Executive Committee which is the body exercising general supervision over the affairs of the Division."

Statement

Member-at-Large: Has the general responsibilities pertaining to any member of the Executive Committee, such as attending its meetings and taking part in its activities. He should be alert to problems in the field and bring these to the attention of the Executive Committee. He should inform himself about matters coming before this group and vote intelligently. He should reply promptly to queries regarding questions of policy or action and come up with an original idea occasionally regarding the problems raised.

1953 CONVENTION PROGRAM

The February issue of the AMERICAN PSYCHOLOGIST will carry a formal call for papers and symposium proposals. The deadline for abstracts and final plans for symposia will be April 13. Since the call for papers is earlier than usual this year and since the period between the official call and the deadline will be relatively brief, the Program Committee of the Division takes this opportunity to alert members who are planning to participate in the 1953 meeting.

Those persons who are planning to organize or participate in symposia this year should keep in mind the new regulation that "Individual participants in a symposium may participate in no more than one symposium as a scheduled and announced discussant. This item... represent(s) the same limitations we now place on the authors of research papers." Organizers of symposia should thus get their invitations to participants as early as possible. Symposium proposals which do not include "a list of participants and a signed promise from each to attend and participate" cannot be considered.

The official call in the AMERICAN PSYCHOLOGIST will give new regulations regarding the preparation of abstracts. We therefore suggest that members of the Division wait until the formal call has been issued before sending abstracts to the Division Program Committee. Remember the deadline: April 13. This date has been set by the APA Program Committee, and divisional committees have agreed to abide by it. Discretion regarding individual papers and symposia rests with divisional program committees.

William A. Hunt, Chairman  
Program Committee (Northwestern University)

PRELIMINARY ANNOUNCEMENT OF THE  
POST-DOCTORAL INSTITUTE FOR 1953

The Post-Doctoral Institutes Committee wishes to announce that it is now in the process of securing instructors for the 1953 Post-Doctoral Institute. It is planned to give six courses, each of which will be limited to twelve participants. The topics for the six seminars will include the following:

1. Group Therapy and Group Dynamics
2. Research Methodology in Clinical Psychology
3. Learning Theory with special reference to Behavior Pathology and the Processes of Psychotherapy.

4. Neurophysiology with special reference to understanding behavior and the problems of psychopathology
5. Systematic Approaches to Psychotherapy
6. Advanced Practicum (for those students who have taken previous seminar work with Dr. Mowrer)

Dates have been set as follows: Seminars begin on August 26th to September 2nd, 1953; 10:00 AM to noon and from 2:00 to 5:00 each day; instructors may wish to plan additional time.

Place: Kellogg Center, Michigan State College Campus, East Lansing, Michigan  
 Rates: \$3.00 per room, two to a room; \$5.00 for single rooms; 2 room suites accommodating 4 or 5 (for families) at \$15.00 per day. Meals available on premises or closeby.

An application blank for interested Divisional members will be included in the next issue of the Newsletter.

Goldie R. Kaback, Chairman

#### EXECUTIVE COMMITTEE MEETING

The Executive Committee of the Division will meet in connection with the meeting of the American Orthopsychiatric Association in Cleveland at the Statler Hotel on the afternoon and evening of Monday, February 23rd. Committee chairmen and members are invited to attend. Any member of the Division who would like to present any problems to the Executive Committee for discussion are invited to send a statement to the Secretary's Office.

#### Further Comments on the Report of the Sub-Committee on Membership

Members of the Division are continuing to comment on the report of the Sub-Committee on Membership published in the October Newsletter, as indicated by the following excerpts from letters received. The Sub-Committee continues to welcome replies to its report: communications may be sent to Dr. Ann Magaret, 5728 S. Ellis Avenue, Chicago 37, Illinois.

"The fundamental issues appear to be substantially these: (a) Granting that associate status in the Division represents "only" an interest in the field with minimal training and experience, should the Division regard fellowship status as an indicator of clinical competence and therefore set up qualifications with respect to functioning efficiency which must be met before fellowship status may be attained? and (b) Depending on what answer to (a) is received, what are the criteria in terms of which advancement from associate to fellowship status is to be made?

"The Subcommittee quite rightly points out that any kind of thoroughgoing assessment of clinical competence by the Division is bound to come a cropper because of lack of funds and machinery and that such an undertaking tends to duplicate unnecessarily the work that ABEPP is now doing so well. Having made this well taken point, the group then goes on to suggest that "some appraisal of competence" be made the basis of advancement to fellowship even though only one reason is given for recommending such a policy. The reason seems to be implied in the phrase on p. 10, "... until such time as state certifying or licensing boards become nationwide." Apparently, fellowship in Division 12 is being suggested as a kind of interim alternative to state certification or licensure in spite of the fact that the job cannot be really well done and in spite of the fact that ABEPP, replete with funds, personnel, and appropriate machinery, admittedly serves, among other ends, this very purpose. My first point, then, is that the Subcommittee report seems to contradict itself in recommending that the Division undertake a job which it cannot do adequately for reasons that the Subcommittee itself has made admirably clear.



"Turning to the issue of what kinds of experience requirements should be laid down for fellowship status, the Subcommittee next recommends that five years of postdoctoral experience be mandatory, to be made up of work in three areas: institutional practice, including a year of work in a medical setting; research, graduate teaching in clinical psychology, and supervision; and private practice, provided it is preceded by three years of institutional labors. What does this suggested procedure do to the Division in terms of the kind of members who can find a professional home within it?

"I am distressed, I confess, to find this question so little discussed after the Subcommittee so properly raised it. It seems to me that the recommended procedure rules out of fellowship standing people who, after taking doctorates in clinical psychology, have taken and remained in university posts, devoting the bulk of their time to training other clinicians. Likewise, the recommendation would at least seem to prohibit fellowship to those who have been full-time researchworkers since their doctorates were taken, even though in some cases their setting has been a hospital!

"I would agree that associate status should be retained on an essentially "interest" basis, but I would suggest that fellowship be considered as simply the recognition that an individual has continued and matured his interest to a point where he is likely to be a permanent member of the profession. Some of the specific criteria that might be relevant would include the acquisition of a doctorate in clinical psychology, the carrying on of professional work - teaching, research or clinical practice - on clinical problems for a period of five years past the degree, and the preservation of a reputation that accords with the ethical standards of the Division. In other words, clinical psychology is conceived of any area of work defined in terms of problems and permitting a number of functions concerned with those problems to fall within its purview. It is not conceived substantially in terms of one type of functions. Yet such a conception, instrumented along the suggested lines, should quite satisfactorily bar crackpots and fakers."

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"I should like to point out that if the comments on the problem of fellowship in the current News Letter are at all representative, they strongly suggest that any attempt to legislate standards amounting to a kind of certification as a way of determining fellows might very well split the Division and weaken the position of clinical psychology within the community of psychological professions. It seems more than possible that splinter groups, dissatisfied with the particular criteria suggested, might very well fall away to form new organizations to which they would give their primary allegiance. Feeling as I do that these divisive tendencies are most unhealthy and that the field needs a good deal of interaction among people working within it in different ways, I can't help stressing the desirability of making the Division a place where such communication is maximally facilitated, not restricted.

"The concept of a division can either suggest an organization which attests to the competence of its members or can simply be an organization which attests to the on-going professional concerns of its members. If the first sense were taken as applicable to our situation, we would of necessity have to establish procedures within the Division to assess competence. Such a move does not strike me as at all feasible, desirable or necessary in the light of ABEPP's effective functioning. If we take the second concept of a division, all we need do is say that fellows are people who have manifested a continuing, on-going professional activity which suggests that they are going to be members of the professional family for some time to come and that they are consequently going to be people with whom like-minded folks would like to talk occasionally.

"In the case of applications for Fellowship status, I would fully agree that the burden of proof be placed upon the applicant. It is up to each would-be Fellow to show that for a period of say, five years he has been engaged in teaching, research, or practice associated

with what is broadly conceived of as clinical psychology. Such a demonstration of continued professional concern, together with a clean ethical background, should be sufficient. A properly instructed committee could probably handle all but a very, very tiny fraction of these cases without any difficulty at all, and the difficult instances probably would have to do with ethical matters a good deal more than with the adequacy of professional activity."

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".....The one service most vital which Division 12 can perform for the good of the profession is to require certain minimum qualifications so that membership in the Division will be guide, or better a requisite, to the hiring of clinical personnel.

"Right now, the best answer I can give to the question - is So-and-so a clinical psychologist? - is to reply: "Yes, if he is a member of the Division of Clinical and Abnormal Psychology." If it is logical to set up requirements for APA membership, it must also be logical to require certain qualification for specialization within the field of psychology. Nothing can harm clinical psychology as much as to make Division 12 merely an interest group open to all. It would falsely give the impression that by being accepted into the Division the applicant is qualified to practice clinical psychology.

"Instead, I think, that requirements should be raised so that certain basic essential courses including projective technique be required for membership, at least until there is national certification for clinicians. In addition, certain types of experience should also be required. This experience should include a full year's work with a variety of psychotics under medical supervision. Other experience should include guidance, testing, statistics and/or teaching. A clinical psychologist must be able to differentiate between the normal and the abnormal and this indicates a need for experience with both types of groups.

"It is also time now for those in clinical psychology to overcome their academic snobbery expressed by the rejection of the Ed.D. degree. I know excellent clinicians who did their primary work in a school of education in counseling and guidance. Counseling and guidance is clinical psychology and to exclude people who majored in this specialization is to exclude clinical psychologists. The same requirements for acceptance should be applied to Ed.D.s and to Ph.D.s. namely specific basic courses, a doctoral dissertation that is definitely clinical, and several years of appropriate experience."

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"I feel that some of the difficulty is inherent in the rather nebulous position taken by the division as to whether the division has any need to certify competence or be solely an "interest" group. Personally, I feel there is some need for a national organization which would represent clinical psychology and certify competence at both the journey-man level and also at the five-year experience level of our present board membership. For obvious reasons it would be advantageous to have one organization. An attempt to meet this need is being made at state levels but this has, for several reasons, seemed unsatisfactory. I feel further the Division should poll the membership as to the basic need of the members since further indecision can result in the organization of professional groups who would seek to speak more actively for clinical psychology. Abortive attempts to do this have already been made."

NOMINATING BALLOT FOR DIVISION MEMBERS

Instructions:

1. Please insert the name of those whom you wish to nominate in the proper column. You are urged to submit three names for each office. Members of this Division are all listed in the APA Directory. It is suggested that you refer to the Division roster in preparation for filling out the Nominating Ballot. Any member of the Division may be nominated for these offices, except that for Presidency only Fellows are eligible. Renomination of Division Representatives shall not be permitted after three years on the Council without at least one year intervening. Members-at-Large may serve no more than two consecutive terms. President may serve for one year only.
2. The officers to be nominated are: President-Elect, two Divisional Representatives and one Member-at-Large of the Executive Committee.
3. Please fill in, tear off and return this sheet in the enclosed envelope to Dr. Ann Magaret, 5728 S. Ellis Avenue, Chicago 37, Illinois, by March 15th. The Secretary will forward all nomination ballots to Dr. S. J. Beck, Chairman of the Nominations Committee.

	1st Choice	2nd Choice	3rd Choice
<u>President-Elect</u> 1 year			
<u>Div. Represent.</u> 3 years			
<u>Div. Represent.</u> 3 years			
<u>Memb.-at-Large</u> 2 years			

For your information:

	<u>Present Incumbents</u>	<u>Term Expires</u>
President-Elect	W. A. Hunt	1954
Divisional Representatives	Jean W. Macfarlane	1953
	Robert E. Harris	1953
	Nicholas Hobbs	1954
	Ann Magaret	1954
	Ruth Tolman	1955
	Joseph Zubin	1955
Members-At-Large	Robert R. Holt	1953
	James G. Miller	1954

Past Presidents: E. Doll, L. Shaffer, D. Shakow, D. Wechsler, C. Rogers, N. Cameron, S. J. Beck; President 1952-1953 O. Hobart Mowrer

Former Divisional Representatives not now serving as officers: D. Rapaport, D. Wechsler, R. C. Challman, C. M. Louttit, M. Brenman, S. Rosenzweig, Harold Hildreth, J. B. Rotter, S. R. Hathaway





